

Rev. 5-17-30
I X10811

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **35340**

REGD NOV 18 1939

Registration District No. 7

Primary Registration District No. 3001

Registrar's No. 244

1. PLACE OF DEATH:

(a) County Adair

(b) City or town Kirkville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Laughlin Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Sept 21 to Oct 9
(Specify whether)

In this community 18 days
years, months or days

3. (a) PRINT FULL NAME Charley Miller

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Maudie Miller

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased Dec. 23 1892
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>66</u>	<u>9</u>	<u>16</u>	hr. _____ min. _____

9. Birthplace Macon Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation wood worker

11. Industry or business Ret. woodworker

12. Name of father Frederick Miller

18. Birthplace Sermann
(City, town, or county) (State or foreign country)

14. Maiden name Caroline Selli

15. Birthplace Ok.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Charley Miller Jr.

(b) Address Macon, Mo.

17. (a) Buried (b) Date thereof 10-11-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woods

18. (a) Signature of funeral director Stephens & Gooding

(b) Address Macon, Mo.

19. (a) Oct. 11-39 (b) Spencer L. Deeman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Macon

(c) City or town Macon, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 215 Dresden
(If rural, give location)

(e) If foreign born, how long in U. S. A. ✓ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 9th
year 1939 hour 4 minute 27 P.M.

21. I hereby certify that I attended the deceased from Sept.
21, 1939, to Oct. 9, 1939;
that I last saw him alive on Oct. 9, 1939;
and that death occurred on the date and hour stated above.

Immediate cause of death carcinoma of sigmoid flexure of the colon

Duration _____

Due to _____

Due to Hb

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: carcinoma of colon

Of operations _____

Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(e) Means of injury ✓

23. Signature Wm H. Graves (M. D. or other) W.D.

Address Kirkville, Mo. Date signed 10/11/39

RECEIVED

District Health Officer No. 10

District File Number 11-39-1933

Date Filed NOV 14 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

C. L. Stephens

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

C. L. Stephens

Licensed Embalmer No. 3057

P. O. Address Macon, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.